PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

CLAIMS AS FILED - PART I

Application or Docket Number

10801458

		(Colu	(Column 1)		(Column 2)		TYPE			OR SMALL ENTITY		
TOTAL CLAIMS			27	27				RATE	FEÉ	7	RATE	FEE
FOR			NUMB	NUMBER FILED		NUMBER EXTRA		BASIC F	EE 385.0	OF	BASIC FEI	
TOTAL CHARGEABLE CLAIMS			27	27 minus 20=		• 7		X\$ 9=	63	OR	X\$18=	٠.
INDEPENDENT CLAIMS				minus 3 =	4			X43=	172	OR	V96	
М	ULTIPLE DEPE	ENDENT CLAIM	PRESENT					+145=	1	OR		
• 1	the difference	ce in column 1 is	s less than	less than zero, enter "0" in column 2			ŧ	TOTAL	620	OR	TOTAL	-
CLAIMS AS AMENDED - PART II								100		OTHER		
_	1	(Column 1)		(Column 2) (Column 3)				SMALL	ENTITY	OR	SMALL	ENTITY
AMENDMENT A	12/105	REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	ADDI- TIONAI FEE	-	RATE	ADDI- TIONAL FEE
	Total	. 23	Minus	- 2	7	= 0		X\$ 9=	0	OR	X\$18=	
	Independent	ENTATION OF M	Minus	EDENIDENT	7	= /)		X43=	0	OR	X86≃	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+290=	
								TOTAL		OR'	TOTAL ADDIT, FEE	
	•.	(Column 1)	_•	(Colum	n 2)	(Column 3)	~	DUII. PEE	- 0		ADDII. PEEI	
AMENDMENT B		CLAIMS REMAINING		HIGHE	ST		Г	<u>-</u>	ADDI-	7 1		ADDI-
		AFTER AMENDMENT		PREVIO	JSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL
	Total	•	Minus	**		:	Γ	X\$ 9=		OR	X\$18=	
¥	Independent	•	Minus	***		=	Γ	X43=		OR	X86=	
	· ·	NTATION OF MI	JUIPLE DE	PENDENT (CLAIM		F	+145=		1		
										OR	+290=	
		•	•	. •			AD	TOTAL DIT. FEE		OR ,	TOTAL DOIT, FEE	
_		(Column 1)		(Column		(Column 3)	•		٠.		•	
MEN		CLAIMS REMAINING AFTER AMENDMENT	٠	HIGHES NUMBE PREVIOU PAID FO	R SLY	PRESENT EXTRA	[RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		•	—	(\$ 9=			X\$18=	
	Independent	•	Minus	***			\vdash			OR	 i	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								K43=		OR	X86=	
• H	If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290=	
11	"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR A	TOTAL	
Ť	ne "Highest Num	ber Previously Paid	For (Total o	r Independent	as than is the h	o, enter 3,* ighest number f		OIT. FEE L in the app	ropriate box	in colui	nn 1.	